

ISSUE SLIP TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09-31-01
O.I.P.E. CLASSIFIER		48	8/6/01
FORMALITY REVIEW	<i>wt-</i>	571	09/03/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral).....	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	5/5/05
2	✓	✓	10/6/07
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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47	✓	✓	
48	✓	✓	
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50	✓	✓	

Claim		Date					
Final	Original						
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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